

LLNL Roof Access Permit

SECTION I <i>(To be completed by roof requester)</i>		
Roof access requester: _____		
Additional individuals: _____		
Building number: _____	Date: _____	Time: _____
Reason for roof access: _____ _____		
Area of roof to be accessed: _____ _____		
Equipment to be worked on: _____ _____		
Roof area restrictions: _____		
SECTION II <i>(To be completed by Hazards Control Department)</i>		
Expiration time _____		ES&H team number: _____
Date/time authorization reviewed: _____		
Hazards explained: _____		
Special safety equipment required: _____		
SECTION III <i>(To be completed by Building Representative)</i>		
Signs placed on hoods?	Yes: _____	No: _____
Signs placed on entrances/room?	Yes: _____	No: _____
Signs removed?	Date: _____	Time: _____
Equipment shut down: _____		
Signatures		
Roof access requester signature: _____		
Hazard Control signature: _____		
Building representative signature: _____		

The area health and safety technician shall each keep a copy of the completed form for one year. See the reverse side for definitions of the terms used on this permit.

Roof access requester	Name of individual needing access to the roof.
Additional individuals	Names of other individuals also accessing the roof under this permit.
Building number	Building number of the roof to be accessed.
Date/time	Date/time of roof access.
Reason for roof access	The purpose for accessing the roof (e.g., to change the belts on fans or filters). Also include a description of the equipment on which maintenance or repair will be performed.
Area of the roof to be accessed	Description of the roof area where personnel intend to work. This can either be a part of or the entire roof. Any changes to the work intended will require a new Roof Access Permit.
Equipment to be worked on	List or name the types of equipment (e.g., ACU number).
Roof area restrictions	Areas that are designated as restricted because of potential hazards.
Expiration time	Time when permit to access roof expires.
Date/time authorization reviewed	Date and time that the permit authorization was reviewed by Hazards Control personnel. Approval of access is acknowledged by signature.
Hazards explained	Description of any hazards explained to personnel accessing the roof.
Special safety equipment required	Specify if safety glasses, respirators, gloves, or coveralls are required.
Signs placed on hoods	The signs placed on hoods explaining that roof work is being conducted.
Signs placed on entrances/room	Room numbers where signs are placed explaining that roof work is being conducted.
Signs removed: date/time	Date and time that the signs explaining the roof work were removed from the hoods and rooms.
Equipment shut down	Either the equipment number or another description indicating that the equipment was shut down to perform roof work. If the equipment was not shut down, write "N/A."
Roof access requester signature	Signature of the individual who will access the roof.
Hazards Control signature	Signature of the area ES&H Team Leader or his/her designee.
Building representative signature	Signature of the building coordinator or facility manager, or his/her designee. In the Laser Program, this individual is referred to as the building safety coordinator; at Site 300 as the building supervisor. Signature of the building representative grants approval of roof access.

